

PRV- Provider Enrollment Background Fee Check Process

Purpose:

The purpose of the procedure is to receive the requested fee for an additional background check as required due to Senate File (SF) 446 cost saving and cost avoidance strategies mandated by the legislature and incorporated into the budget for the Medical Assistance program.

Identification of Roles:

Primary Role- The below procedure will be performed by the Provider Enrollment Supervisor

Secondary Role- Team Lead will be cross-trained

Performance Standards:

N/A

Path of Business Procedure:

Step 1: Receive check or money order from Revenue and Collations Unit

- a. Sign off check received

Step 2: Research payment request

- a. Search OnBase for payment request letter
- b. Open custom query function in OnBase
- c. Search by: packet number or name
- d. When document found attach a note (use general note type) to document "Payment Received"
- e. Send email to Enrollment CDAC team include packet number
- f. Write packet number on copy of check and move to step 4
- g. If document not found move to step 3

Step 3: Document not found (Payment Request letter)

- a. If no payment request letter was issued, complete return check letter and attach the check or money order.
- b. Mail

Step 4: CDAC/CCO Background check log (located on the Hoover share drive)

- a. Log each payment received. Enter: check number, amount, date of payment, name on check, name on record check request, packet number.
- b. Save
- c. Send check or money orders to Fiscal Management, inter-department delivery
- d. Place in outgoing Hoover basket

Forms/Reports:

N/A

RFP References:

N/A

Interfaces:

OnBase

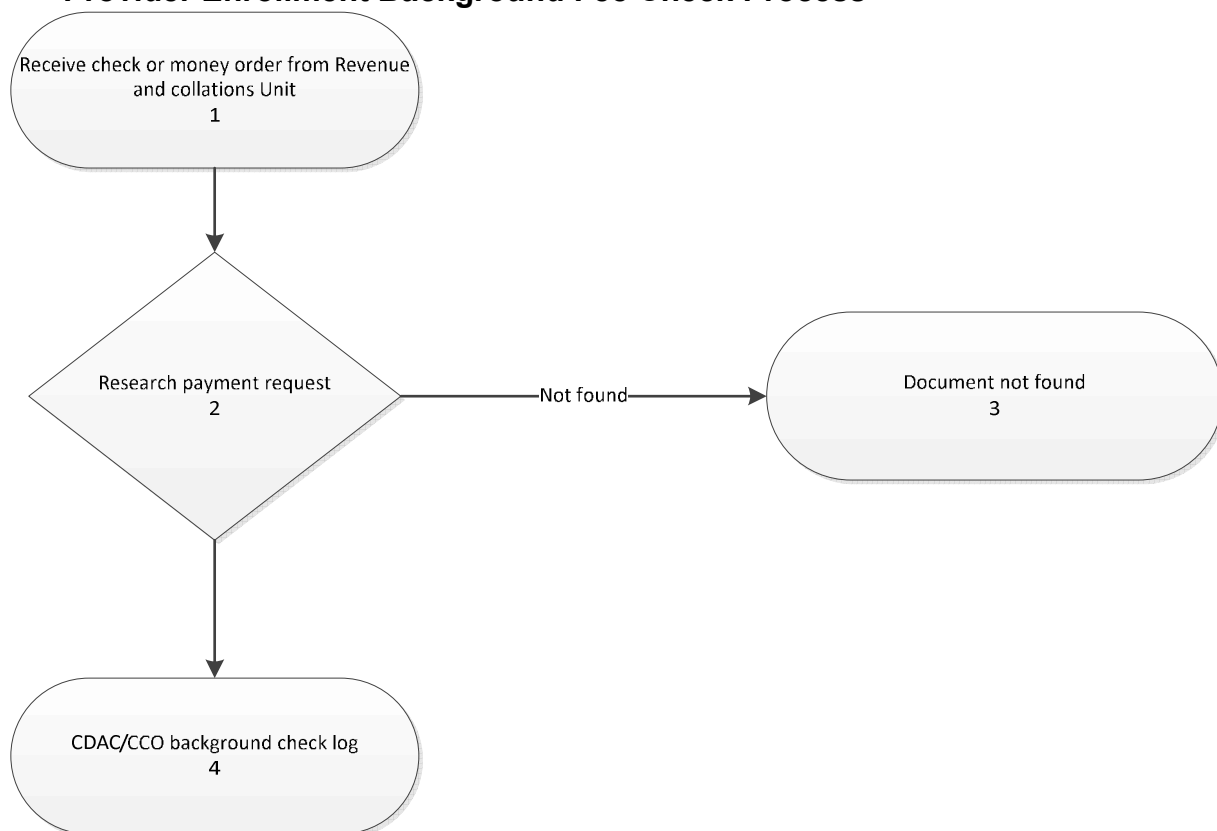
Fiscal Management

Attachments:

- A. Process map
- B. Background check fee letter
- C. Return check letter

A.

Provider Enrollment Background Fee Check Process



B. Background check fee letter

RE: Background Check Fee

[Packet]

Dear [Name]:

Informational Letter No. 1275, issued on August 6, 2013, announced that as part of the Senate File (SF) 446, cost savings and cost avoidance strategies have been mandated by the legislature and incorporated into the budget for the Medical Assistance program. One cost avoidance strategy mandated states that the Iowa Medicaid Enterprise (IME) will no longer pay for an unlimited number of background checks for individual CDAC providers and CCO employees. At this time, Iowa Medicaid will continue to pay for the initial background check required for enrollment as a provider of services pursuant to the Code of Iowa 135C.33; however the cost of processing any subsequent background check will be the sole responsibility of the individual CDAC provider or CCO employee.

Iowa Medicaid has paid the initial background check fee and therefore requests submission of a \$15 check or money order for the following reason:

☐ The initial background check has expired due to failure to submit necessary paperwork within the designated timeframe.

☐ The enrolled individual CDAC provider or CCO employee has had criminal convictions or been placed on an abuse or sexual offender registry since the initial background check.

☐ CCO employee chooses to work for another Medicaid member participating in the CCO program.

☐ Other []

Please make check or money order (**Do Not Send Cash**) payable to Iowa Medicaid Enterprise and mail with a copy of this letter to:

Iowa Medicaid Enterprise
PO Box 36475
Des Moines, Iowa 50315

Please feel free to contact me at 1-800-338-7909, or locally in Des Moines at 515-256-4609 Option 2.

C. Return check letter

Name

Address

City, State, Zip

Dear Name,

Iowa Medicaid has no record of requesting payment for a background check. IME sent information letter No. 1275 to notify providers that a fee could be required if at any time an additional background check is required to continue as an enrolled Iowa Medicaid provider.

Your \$15 payment is being returned to you.

If you have any questions please feel free to contact Iowa Medicaid at 1-800-338-7909 option 2 or locally in Des Moines at 515-256-4609 option 2.

Sincerely,

Provider Enrollment